



DIVISION OF DEVELOPMENTAL DISABILITIES
WPAS ACCESS REQUEST CHECKLIST

Client Name:	Allen/Marr Class Member <input type="checkbox"/> Yes <input type="checkbox"/> No	DD #:		
Requesting Person from WPAS:		Request Date:		
Responding DDD Staff:		Date information provided by DDD:		
		YES	NO	NA
1. Written request from WPAS attached, or Oral request from WPAS for the following information:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When records are requested, a consent form from consumer or legal representative is attached.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. "Probable Cause" declared by WPAS (no client consent or explanation of probable cause is required).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Request for client records: <ul style="list-style-type: none"> To review original records in the DDD office. To obtain copies of "necessary" records. Timelines for providing client records: <ul style="list-style-type: none"> WPAS request to review records scheduled within two working days. Client records made available within five working days Copies of client records provided within ten working days at no more than 15 cents per page. 		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Request for client information: Name, address, phone number of legal representatives provided to WPAS by 5 pm of the next business day following request.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>